

**CHOICES**  
*Connecticut program for  
Health insurance assistance,  
Outreach, Information, Counseling,  
& Eligibility Screening  
1-800-994-9422*

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# Prescription Drug Assistance

*With*

- **NEW !!! Medicare Rx**
- **ConnPACE**
- **Patient Assistance Programs**

*for Medicare Beneficiaries living in Connecticut*

**February 2006**

**Published and Compiled by: CHOICES**

A cooperative program of the State of Connecticut Department of Social Services, the Area Agencies on Aging, and the Center for Medicare Advocacy that provides Connecticut residents with direction to benefit and support programs dealing with aging concerns.

**Department of Social Services  
Aging Services Division  
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**NOTE:** This information, including any rates and services, is accurate to the extent available to **CHOICES** as of February 2006. For more comprehensive information or clarifications regarding an individual plan, product, or program, please contact the plan directly at the telephone number listed in this booklet.

For additional information on Medicare issues, including the Original Medicare Plan, Medigap Supplemental Insurance, Medicare Advantage Choices, and other health insurance issues generally, you should call the **CHOICES** health insurance counselor at your regional Area Agency on Aging (**1-800-994-9422**). **CHOICES** counselors do not sell or market insurance. They provide the necessary information and assistance to enable you to make your own health insurance choices. CHOICES publications can also be found on the Department of Social Services, Aging Services web site at [www.ct.gov/agingservices](http://www.ct.gov/agingservices).

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## INTRODUCTION

The high cost of prescription drugs is a fact of life for everyone. But older adults and persons with disabilities are particularly affected. This booklet is intended to be a guide for Connecticut residents with Medicare who need help paying for their prescription drugs. It will not have all the answers for everyone. If you don't find what you need in this guide, call one of the organizations listed in the back of this booklet for assistance.

Here are some tips to start:

➤ **Talk to your doctor and/or pharmacist**

Before choosing a prescription drug plan, talk to your doctor or pharmacist about your plan. Your doctor or pharmacist may be able to recommend a program that can help cover the cost of the drugs you take.

➤ **Keep a list of your medications**

When a doctor prescribes a medication for you, be sure to let him or her know what other drugs you are taking, including over-the-counter drugs like aspirin. Some drugs when taken together cause undesirable side effects. Use the Medicine Record Form at the back of this booklet to keep track of your medicines.

➤ **Determine whether you will be taking brand name or generic drugs**

Generic medications are sometimes less expensive than brand name medications. You should check with your doctor and/or pharmacist to see if a generic medication can be substituted for a brand name.

➤ **Consider pharmacy vs. mail order programs**

Some prescription drug services offer savings on prescriptions through local pharmacies. Another option is to obtain your prescription drugs through a mail order prescription drug service. Local pharmacy programs are often beneficial for short-term, acute care prescriptions when convenience is desired. The mail order programs often provide greater savings for long-term maintenance drugs. Some programs offer both options.

- **Warning:** Neither the State of Connecticut nor the **CHOICES** program guarantees the quality of services provided by any of the private programs listed in this booklet. In choosing any option, the consumer is ultimately responsible for researching and selecting the company and/or program offered.

**CHOICES** advises that you discuss the plan with your pharmacist or doctor before signing onto any discount plan. **CHOICES** is providing the following information as a basic guide to help seniors and persons with disabilities who may have inadequate prescription drug coverage and may not be able to afford their prescription drugs.

# MEDICARE

## Does Medicare Cover Prescription Drugs?

Generally, Medicare Parts A and B cover some prescription drugs that must be provided in the hospital, nursing home, or in the doctor's office. Some chemotherapy is also covered. Some Medicare Advantage and some supplemental plans do offer some prescription coverage. Although original Medicare will continue to only offer limited prescription drug coverage, beneficiaries do have other coverage options available to them through add-ons to the Medicare program.

## NEW - Medicare Rx: the Medicare Prescription Drug Benefit

**1. What is Medicare prescription drug coverage?** Medicare prescription drug coverage is a new program that pays for prescription drugs, insulin and insulin supplies, and “stop-smoking” drugs for people who have Medicare. It started on January 1, 2006. It's also known as “Medicare Rx” and “Medicare Part D.”

Medicare doesn't administer the new program directly. Instead, it contracts with private companies to provide the coverage. In Connecticut, there are 17 stand-alone Prescription Drug Plans (PDPs), and four Medicare Advantage plans (HMO or PPO) that offer Medicare prescription drug coverage. (Medicare Advantage plans that cover prescription drugs are sometimes called MA-PDs.) Most of these companies, in turn, offer several plans with different levels of coverage and costs. In addition, some employers may “wrap around” the new program to offer coverage through their retirement health plans.

You need to enroll in one of these plans to have Medicare prescription drug coverage. The plan you join will give you a member card that you can use at participating pharmacies. Some plans also allow members to get their prescriptions through the mail.

**2. Do I have to apply for Medicare prescription drug coverage or will I get it automatically because I'm on Medicare?** Most people need to take action and enroll in a plan to get Medicare prescription drug coverage. But if you are on ConnPACE, Medicaid (Title 19), or Supplemental Security Income (SSI), or if the State pays your Part B premiums through a Medicare Savings Program (QMB, SLMB or ALMB), you will be automatically enrolled into a Medicare prescription drug plan if you do not select a plan on your own.

If you have both Medicare and Medicaid you have already been enrolled into a Medicare Rx plan by Medicare. You should have received a letter in the fall of 2005 telling you the plan that was selected for you. Your coverage with this plan began on January 1, 2006. If you do not like the plan that you have been enrolled into you may change plans once per month. The change will be

effective on the first day of the following month.

**3. What drugs will Medicare cover?** Each Medicare-approved plan offers its own selection of covered drugs, called a “formulary.” Formularies vary from plan to plan. *Before deciding on a plan you should carefully review its formulary to be sure that it covers all of the medications that you take.*

Medicare will cover most outpatient prescription drugs, insulin and insulin supplies, and “stop-smoking” drugs. Medicare-approved plans offer a choice of at least two drugs in each of 146 categories of drugs. Each Medicare-approved plan also includes in its formulary all drugs in the following six categories of drugs: anti-depressants, anti-psychotics, anti-convulsants, anti-cancer, immuno-suppressants and HIV/AIDS.

Some drugs are excluded, i.e., Medicare won’t cover them. These include barbiturates, benzodiazepines, drugs for weight loss or gain, over-the-counter drugs and drugs that are covered by Medicare Part A or Part B. *(NOTE: a few plans cover some of the excluded drugs as an enhanced benefit for additional cost. Also, Medicaid and ConnPACE will cover some of these drugs for their members.)*

**4. How does the Medicare prescription drug “standard benefit” work?** You may pay a monthly premium. The premium can be deducted from your Social Security check, or the plan can debit your bank account each month, or you can pay the plan directly.

PDP premiums in Connecticut range from less than \$8/month to a high of about \$65/month; most are under \$40. MA-PD prescription premiums range from \$0 to about \$30 a month. Some plans have annual deductibles and all plans have co-pays or co-insurance (amounts you are responsible to pay for each prescription). Most plans have “tiered” co-pays, i.e., the co-pay amount varies with the type of drug. (Tier 1 = generic drugs; Tier 2 = preferred brand; Tier 3 = brand; Tier 4 = specialty drugs.) *NOTE: People with limited income and assets may qualify for “Extra Help” to pay for premiums, deductibles, co-pays and co-insurance. Ask your CHOICES counselor for the “Extra Help” Q&A Guide.*

Different plans offer different benefits, but in general the standard benefit will work as follows:

- There may be an annual deductible. In 2006, the deductible cannot exceed **\$250** per year. Some plans do not have any deductible and others have a reduced deductible. If your plan has a deductible you will need to pay this amount before your coverage begins.
- After you have met your deductible, you enter the “Initial Benefit Period.” Medicare pays 75% of each prescription and you pay 25% for the next \$2,000 in drug costs. The most you will pay during the Initial Benefit Period is **\$500** (25% of \$2,000)

- The next period is a coverage gap sometimes called the “donut hole.” If your chosen plan has a coverage gap, you will pay 100% of all prescriptions until you have spent another **\$2,850** out-of-pocket. (A few plans pay for drugs during the coverage gap.)
- Once you have spent a total of **\$3,600 (\$250 + \$500 + \$2,850)** in allowable “true out-of-pocket costs,” “TrOOP”) you will be eligible for “Catastrophic Coverage.” For the remainder of the year, Medicare will pay 95% of your prescription drug costs and you will pay only 5% of each prescription, or a \$2 or \$5 co-pay, whichever is greater.

***IMPORTANT!*** *Different plans offer variations around this standard benefit. For example, about half the plans have zero deductibles. Also, a small number of plans offer some coverage during the donut hole.*

The table on the next page shows how the Medicare prescription drug standard benefit works. Different plans may offer variations around this basic package.

## Medicare Prescription Drug Coverage – Standard Benefit

<b>Coverage</b>	<b>If your drugs cost ...</b>	<b>Medicare pays ...</b>	<b>and you pay...</b>	<b>therefore, your out-of-pocket costs are ...</b>
<b>Deductible</b> (you pay this amount before your Medicare coverage begins)	\$ 0 - \$250	0	100%	\$250
<b>Initial Benefit Period</b> (annual basic coverage)	\$251 - \$2250	75%	25%	\$500 (25% of \$2000)
<b>Coverage Gap</b> (no coverage during this period – the “donut hole”)	\$ 2250 - \$5100	0	100%	\$2850 (\$5100 – \$2250)
Total				\$3600 (\$250 + \$500 + \$2850)
<b>Catastrophic Benefit</b> (if your drug cost exceed \$5100 per year, i.e., you have paid \$3,600 out of pocket)	Over \$5100	95%	5%* *(or \$2 or \$5 co-pays, whichever is greater)	*5% of your drug costs that exceed \$5100

**5. What are allowable out-of-pocket costs?** As described above, once you have spent \$3,600 in allowable out-of-pocket costs, you will have met your TrOOP requirement and you will qualify for Catastrophic Coverage. For the rest of the year, Medicare will pay 95% of your prescription drug costs. **It is important to know that only certain payments count toward meeting the \$3,600 TrOOP requirement.**

Payments that you make (or payments made by your family or by a charitable group) for drugs that are on your plan’s formulary count toward meeting the \$3,600. (For ConnPACE members, payments made by ConnPACE, in addition to payments made by the ConnPACE member, also count toward the \$3,600.)

Premium payments, payments made by Medicare or other insurance, payments made for drugs that are not on your plan's formulary, and payments for drugs purchased in Canada, do NOT count toward the \$3,600 TrOOP requirement.

**6. Can I get help to pay for Medicare prescription drug coverage?** If your countable income is below \$14,355 (single) or \$19,245 (couple), and your countable assets (not including your house, car or certain types of savings) are below \$10,000 (single) or \$20,000 (couple), you may qualify for Extra Help to pay for Medicare prescription drug coverage – up to \$2,100 in Extra Help. This Extra Help will take the form of reduced premiums, deductibles and co-pays.

During the summer of 2005, some people received an application for Extra Help in the mail from the Social Security Administration (SSA). ***If you didn't get an application but think you may qualify for Extra Help, call SSA at 1-800-772-1213.*** TTY users should call 1-800-325-0778. You can also visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web, or you can call CHOICES (1-800-994-9422) for assistance.

**Important!** You didn't receive an Extra Help application if you were on Medicaid, SSI, or a Medicare Savings Program (QMB, SLMB, or ALMB). That's because you automatically qualify for Extra Help and did not need to apply. Medicare has enrolled you in the Extra Help. You should have received a letter explaining the benefits that you will receive. For more information please contact CHOICES at 1-800-994-9422.

**7. What if the cost of Medicare prescription drug coverage is more than I pay now for prescription drugs?** If you now take only a small number of medications, or you have another form of prescription insurance, your current costs may be less than they would be under the standard Medicare prescription drug benefit. You still need to consider Medicare prescription drug coverage because:

- Your existing prescription insurance may change or cease to offer drug coverage once the Medicare prescription drug program begins.
- You may need additional, more expensive medications in the future.
- You may have to pay a higher premium if you don't enroll when you are first eligible.
- You may also have a waiting period for coverage if you don't enroll when you are first eligible.

**8. When will I pay a higher premium?** If you don't have any prescription insurance, or if your insurance is not "creditable" (meaning your coverage is, on average, not as good as Medicare prescription drug coverage), you will pay higher premium amounts if you enroll after the initial open enrollment period. Your premium will be 1% higher for each month you could have enrolled in a Medicare prescription drug plan but did not. The 1% penalty is based on the national average monthly premium and it is a lifetime penalty. For example, if the national



average premium is \$30 per month, and in 2006 you wait 8 months to join a plan, your penalty would be \$2.40 each month (.01 x \$30 x 8 months). This amount would be added permanently to the premium of your chosen plan.

If you decline Medicare prescription drug coverage because you have existing insurance that offers “creditable coverage” you will not have to pay a higher premium if you decide not to enroll right away. **However, if you lose that creditable coverage you must select and enroll in a Medicare prescription drug plan within 63 days in order to avoid a higher premium and a possible waiting period for coverage.**

During the fall of 2005, all insurers, including employer or union sponsored retirement health plans, should have sent notices to their members indicating whether their coverage is creditable. **Note:** Most “Medigap” policies are NOT considered creditable. VA, TRICARE, Federal Employee Health Benefits (FEHB), and State of Connecticut retiree policies, are considered creditable.

**9. When can I enroll in a Medicare prescription drug plan?** You can enroll during the initial enrollment period of November 15, 2005 – May 15, 2006.

If you enrolled before December 31, 2005, coverage began on January 1, 2006. If you enroll on or after January 1, 2006, coverage will begin on the first day of the following month. For example, if you apply in January of 2006 coverage will begin on February 1, 2006.

**10. Can I change plans?** Yes, under these circumstances:

- If you enrolled in a PDP on or before December 31st then you may change one time between January 1 and May 15, 2006. For the rest of 2006, and in future years, you may change only during the annual open enrollment period (November 15<sup>th</sup> - December 31st of each year).
- If you enroll in a Medicare Advantage (HMO or PPO) you can change one time between January 1 – June 1, 2006. In future years you can change one time between January 1 – March 31 of each year.

NOTE: People on Medicaid, a Medicare Savings Program (QMB, SLMB or ALMB), or Extra Help may be able to switch more often. Ask CHOICES for more information.

**11. How do I choose a Medicare prescription drug plan?** You may be receiving information from many sources, including Medicare and various plans that offer coverage in your area. You need to study this information and ask the following questions at a minimum:

- Do you live in the plan’s service area?
- How much is the monthly premium?

- Are the medications that you take now offered on the plan's selection of drugs?
- Are there different co-pay amounts for different drugs?
- Is the plan accepted at the retail or mail order pharmacy that you use?

If you spend part of the year in another state, you may want to consider one of the national plans with a wider preferred provider network. Please refer to the CHOICES Enrollment Guide for more information about choosing a plan, and detailed information about the plans themselves.

## 12. What if I have other prescription drug insurance?

- If you have a Medicare Prescription Drug Discount Card you can use it right up to the time you enroll in a plan. It will automatically expire the day before your Medicare prescription drug coverage begins, or May 15, 2006, whichever comes first. You don't need to do anything to cancel it.
- If you have a Medigap supplemental insurance plan, or if you belong to a Medicare Advantage Plan (a Medicare HMO or PPO), you should have received a Notice of Creditable Coverage from the plan telling you how your coverage is affected by the new Medicare prescription drug program that began on January 1, 2006.
- If you have VA or TRICARE (military insurance), or if you have coverage through an employer or union, you also should have received a Notice of Creditable Coverage. Your plan should have told you whether it is creditable and how it coordinates benefits with the new Medicare prescription drug benefit.
- If you are on Medicaid, SSI, or a Medicare Savings Program (QMB, SLMB or ALMB), Medicare will become the primary payer for your prescription drugs. You should have received information from Medicare that told you how the Medicare prescription drug benefit will work for you. You will be automatically enrolled for Extra Help. Also, if you do not select a Medicare prescription drug plan, one will be selected for you. If you are on Medicaid, Medicare has already enrolled you in a plan. You should have received a letter informing you of the selection. Ask CHOICES for more information.
- If you are on ConnPACE, Medicare will become the primary payer for your prescription drugs. *You will still have ConnPACE, but you will be required to apply for the Medicare prescription drug program so that ConnPACE can coordinate your benefits with Medicare.* If you do not select a plan on your own ConnPACE will choose one for you. If your income is under \$14,355 (single) or \$19,245 (couple), you will also be required to apply for the Extra Help. You should have received a letter from ConnPACE during the fall of 2005 telling you what to expect after January 1, 2006. You will continue to receive information directly from ConnPACE in the future. You can also ask CHOICES.

## 13. What happens next?

- During the fall of 2005 you should have received a notice from your present insurance carrier telling you whether your existing coverage is considered creditable. (Call your

Benefits Administrator if you didn't get this notice.) *Be sure to SAVE this notice in case you don't enroll before May 15, 2006 and then decide you want to enroll later on!*

- During the fall of 2005 you should have received the “Medicare & You 2006” handbook from Medicare. It includes the names of plans available in your area.
- You can compare plans on-line and see what drugs are covered by each plan by going to Medicare’s website and logging on to their “Plan Finder” tool.
- You may be receiving information and application materials from various companies that are offering plans in your area. Study the materials carefully, ask a lot of questions, and feel free to contact CHOICES (1-800-994-9422) if you need help to find a plan that meets your needs.
- November 15, 2005 – May 15, 2006 you will be able to select a Medicare prescription drug plan. If you enrolled in November or December, your new coverage began on January 1, 2006. If you enroll after January 1, 2006 your coverage will begin on the first day of the next month. You can enroll in a plan on-line using the same Plan Finder tool described above.

**14. Where can I get more information?** Call **CHOICES at 1-800-994-9422** to speak to a counselor at the Area Agency on Aging serving your area of the state. CHOICES counselors are trained and certified to assist you with your Medicare issues and concerns. They can also help with comparing and enrolling in a Medicare prescription drug plan and getting Extra Help to pay for your premiums, deductibles, and co-pays.

You can also get more information from these on-line sources:

- State of CT, Department of Social Services: [www.ct.gov/Medicarerx](http://www.ct.gov/Medicarerx)
- Medicare: [www.medicare.gov](http://www.medicare.gov)
- Social Security: [www.socialsecurity.gov](http://www.socialsecurity.gov)
- Center for Medicare Advocacy: [www.medicareadvocacy.org](http://www.medicareadvocacy.org)
- Department of Social Services, Aging Services Division: [www.ct.gov/agingservices](http://www.ct.gov/agingservices)

## Does Medicare Supplemental Insurance (“Medigap”) Cover Prescription Drugs?

The *Medicare Prescription Drug, Modernization and Improvement Act (MMA)* of 2003 includes a provision that prohibits the sale of any Medigap policy containing a prescription drug benefit. Therefore, beginning January 1, 2006 no new H, I and/or J Medigap policies will be sold with prescription drug coverage.

### Changes to Medigap Plans H, I, & J

#### **Information for those purchasing a Medigap policy for the first time:**

As a result of MMA effective January 1, 2006 Medigap companies are no longer allowed to market or sell any Medigap plan with prescription drug coverage. Therefore, Medigap plans H, I and J are no longer being sold with a prescription drug benefit. Beneficiaries may still purchase plans H, I or J but should be aware that these plans no longer include drug coverage.

#### **Information for beneficiaries who enrolled in plans H, I or J before January 1, 2006**

Beneficiaries who enrolled in plans H, I or J prior to January 1, 2006 have the option of renewing their policies and retaining the prescription drug benefit. Individuals should carefully weigh the pros and cons of this decision as it could mean paying higher premiums for a Medicare prescription drug plan in the future. Policy holders have a few options in 2006. They can choose to do any one of the following:

- **Continue to renew their enrollment in plans H, I & J and retain the prescription drug benefit.** Beneficiaries can keep their existing drug coverage under plans H, I or J as long as they do not enroll in a Medicare prescription drug plan. Once an individual enrolls into a Medicare prescription drug plan he or she is electing to terminate their Medigap policy’s prescription drug benefit. The prescription drug component of the Medigap policy will end on the first day that the Medicare Rx plan becomes effective.

The decision to renew existing drug coverage through plans H, I or J should be made carefully. Beneficiaries who delay enrollment into a Medicare Rx plan in favor of keeping a Medigap plan with prescription drug coverage may face late enrollment penalties if they decide to enroll in the Medicare prescription drug program in the future. Individuals who do not have existing creditable coverage (that is coverage as good as or better than the Medicare Rx standard benefit) will incur a penalty of 1% per month for every month that they could have signed up for a Medicare Rx plan and did not. Plans H, I and J are not considered creditable coverage. Therefore individuals retaining these policies beyond May 15, 2006 will have to pay higher premiums if they decide to leave their Medigap plan and enroll in a Medicare Rx plan in the future.

Medigap companies sent a notice to their enrollees in the fall of 2005 informing them of whether or not the Medigap policy they have is considered creditable coverage. Most Medigap plans will not be considered creditable coverage because their coverage is not as good as the standard Medicare Rx benefit.

- **Decide to retain policy H, I or J and drop just the prescription drug coverage.** Beneficiaries who drop the prescription drug coverage benefit from their Medigap policy may enroll into a Medicare Rx plan in order to receive prescription drug coverage. The prescription drug component of the Medigap policy will end on the first day that the Medicare Rx plan becomes effective. In most cases, the monthly premiums of the Medigap plan will be adjusted to reflect the reduction in benefits.
- **Disenroll from the Medigap plan completely.** Beneficiaries also have the choice of switching to a different Medigap policy or joining a Medicare Advantage plan.

## **Do Medicare Advantage Plans Cover Prescription Drugs?**

Yes, some Medicare Advantage plans cover prescription drugs. Some plans cover only generic drugs while others cover both generic and brand name drugs. Most offer drug coverage through the new Medicare prescription drug program (Medicare Rx). In most instances, there is a co-pay for each prescription. Most managed care plans have a formulary, or a list of drugs that are covered by the managed care plan. In addition, if your Medicare Advantage plan sponsors a Medicare Rx plan you must enroll into that Medicare Rx plan. You may not enroll in a Medicare Rx plan offered by any other company. It is important to check with your Medicare Advantage plan to find out if your prescription drugs are covered and how your plan works with the new Medicare prescription drug program.

## **Do Retiree Plans Cover Prescription Drugs?**

Yes, some do. If you have a retiree plan that supplements Medicare coverage, you may have some prescription drug coverage. If you are not sure what your plan covers, contact your former employer's human resources representative or benefits specialist. Your benefits specialist will be able to tell you if you have existing drug coverage and if that coverage is changing as a result of the new Medicare prescription drug benefit.

If you do not have prescription drug coverage through your retiree plan or if your existing coverage is not considered "creditable" (meaning it is not as good as, or better than the standard Medicare Rx benefit) you may need to select and enroll in a Medicare Rx plan now to avoid paying higher premiums for a Medicare Rx plan in the future. For more information on Medicare Rx and how it works with retiree coverage call CHOICES at 1-800-994-9422 and request the booklet "Medicare Prescription Drug Coverage: Information for Retirees with Employer-Sponsored Prescription Drug Coverage."



## DEPARTMENT OF SOCIAL SERVICES DRUG PROGRAMS



### CONNPACE – 2006!

ConnPACE, the Connecticut Pharmaceutical Assistance Contract to the Elderly, helps eligible persons pay for most prescription drugs.

#### Who is Eligible?

- ◆ You must be 65 or older, or a person over age 18 with a disability; and
- ◆ Your income must not exceed maximum limits. Effective **January 1, 2006**: Single applicants: \$22,300; married couple: \$30,100. \*Income limits increase each January 1<sup>st</sup> based on the Social Security Cost of Living increase; and
- ◆ You must have been living in Connecticut for at least 183 days prior to your application.
- ◆ In most cases, you **may not** have another insurance plan that covers a portion of all of your prescriptions.
- ◆ You **may** have an insurance plan that provides a maximum of benefits. Eligibility will be granted when you have reached your maximum benefit.
- ◆ You **may** have an insurance plan that covers only generics; under certain circumstances, ConnPACE may cover brand name drugs for which there are no generic equivalents as well as brand name versions of drugs that have generics.
- ◆ If you are eligible for ConnPACE, you are also automatically eligible for the Connecticut ConnMAP program. ConnMAP requires Connecticut Medicare providers to accept assignment.

#### How much does it cost?

- ◆ Enrollment fee in the ConnPACE program is \$30 per year per person.
- ◆ A co-payment of \$16.25 will be charged by the pharmacy for each prescription filled.

## **What is Prior Authorization?**

There are three situations in which ConnPACE recipients need to have their physician or pharmacist obtain prior authorization in order to have ConnPACE pay the program's portion of the prescription drug costs. The three circumstances requiring Prior Authorization are:

- Being issued a prescription written as "Brand Medically Necessary" when there is a generic equivalent
- Being issued a drug that costs over \$500
- Seeking a refill when less than 75% of the previously issued drug has been utilized

Prior authorization (PA) for brand name prescriptions and for some early refills (controlled drugs) requires the prescribing physician to complete certain forms in order to obtain PA for you. In instances when you are obtaining a refill early (most drugs) or picking up a prescription costing over \$500 the Pharmacist will initiate the PA process for you. You should not have to do anything except remind your prescribing physician that you are on ConnPACE and may need PA.

For more information on Prior Authorization and to view Prior Authorization forms log onto [www.ctpharmacyprogram.com](http://www.ctpharmacyprogram.com) or call ACS the Department of Social Services' contractor for Prior Authorization at 1-866-759-4113.

## **What are the changes to ConnPACE?**

In 2006 the ConnPACE program has been undergoing some changes. Important changes to the program that you should know about are:

- ◆ ConnPACE will wrap-around the new Medicare prescription drug benefit (also called Medicare Rx and Medicare Part D)
- ◆ Every ConnPACE recipient who has Medicare Part A and/or B is required to enroll in a Medicare Rx plan
- ◆ Individuals with incomes below \$14,335 (single) or \$19,245 (couple) and countable assets below \$10,000 (single) and \$20,000 (couple) are also required to apply for Extra Help through the Social Security Administration to help cover costs associated with Medicare Rx.

## **How will ConnPACE work with the new Medicare prescription drug program (Medicare Rx)?**

January 1, 2006 a new prescription drug program became available to people on Medicare. The program known as Medicare Rx or Medicare Part D pays for outpatient prescription drugs, insulin and insulin supplies and "stop smoking" drugs. If you have Medicare and ConnPACE, you need to enroll in a Medicare prescription

drug plan or wait for ConnPACE to select one for you. You will not lose ConnPACE, but the way you get your prescription drugs will change in 2006.

On December 1, 2005 Governor Rell signed into law a Bill that allows ConnPACE to “wrap-around” (meaning “work with”) the new Medicare prescription drug program. ConnPACE recipients who are also enrolled in Medicare Part A and/or B are required to select and enroll in a Medicare Rx plan. Additionally, those recipients with incomes below \$14,335 (single) or \$19,245 (couple) and countable assets below \$10,000 (single) and \$20,000 (couple) are required to apply for Extra Help available to cover costs associated with Medicare Rx.

### **Will my ConnPACE benefits change when I enroll in Medicare Rx?**

Yes, you will have some changes but most will save you money. Here is a summary of how some things will change and others will stay the same:

- The plan that you enroll in will give you a member card that you will use at the pharmacy, just like you use your ConnPACE card now. You may also be able to get prescriptions by mail if this feature is available in the plan you select.
- You’ll still pay your annual \$30 ConnPACE membership fee.
- You won’t have to pay any monthly premiums for Medicare coverage.
- The plan you select may have an annual deductible; however, during the time that you are meeting this deductible you’ll never pay more than \$16.25 for each prescription you fill.
- You won’t have any gaps in coverage.
- You’ll still be able to get all of the drugs you take now but may have to go through an exceptions process to do so if the drugs are not covered by your Medicare Rx plan.
- You’ll still have a co-pay. The amount you pay will depend on the amount of your income and assets, but it will never be more than \$16.25. It may even be less – as low as \$2/\$5 (for generic or brand-name drugs).

### **How do I select and enroll in a Medicare Rx plan?**

ConnPACE recipients have a few options for selecting and enrolling into a Medicare prescription drug plan. If you are on ConnPACE you can:

- 1. Select and enroll in a Medicare Rx plan on your own.** Individuals can select and enroll into any one of the 44 Medicare Rx plans on their own logging onto [www.Medicare.gov](http://www.Medicare.gov) and using the online Medicare Rx plan finder



tool. You can also call 1-800-Medicare, the Plan directly, or CHOICES at 1-800-994-9422 and a trained counselor will assist you.

- 2. Wait for ConnPACE to enroll you into a Medicare Rx plan.** If you do not select and enroll into a plan on your own ConnPACE will select a plan for you and enroll you into that plan. See the next question for more information on the auto-enrollment process.

**Will ConnPACE select and enroll me into a Medicare Rx plan?**

Yes. If you do not select and enroll in a Medicare Rx plan on your own ConnPACE will select one for you. ConnPACE will enroll recipients in groups by May 15, 2006.

Because ConnPACE is enrolling people into the Medicare prescription drug program on an ongoing basis you may not hear from ConnPACE until the spring of 2006. Don't worry. ConnPACE will continue as usual for you until you are enrolled into a Medicare Rx plan.

ConnPACE will send you a letter in the mail telling you which Medicare Rx plan has been selected for you. You will have a certain amount of time to let ConnPACE know if you would like to enroll into a different plan. If you do nothing ConnPACE will enroll you into the plan named in your letter.

For more information on the ConnPACE auto-enrollment process call ConnPACE at 1-800-423-5026 or a CHOICES counselor at 1-800-994-9422.

**I enrolled into a Medicare Rx plan on my own but just received a letter from ConnPACE informing me that the State has selected a different plan for me. Why did I receive this letter? Do I have to change to the plan that ConnPACE selected for me?**

If you have already enrolled in a Medicare Rx plan on your own you will still receive a letter from ConnPACE telling you which plan the state has identified as the best choice for you. You may change to the plan that ConnPACE selected for you or you can remain in the plan you chose on your own. ***If you wish to stay in the plan you selected on your own no action is necessary.*** If you want to switch to the plan that ConnPACE selected for you, you will need to let ConnPACE know this within a few days of receiving the plan selection notice. Keep in mind that changing to the plan that ConnPACE selected for you will count as your one allowable Medicare Rx plan change for the year.

**I am on ConnPACE and qualify for the Extra Help to pay for the costs associated with Medicare Rx. Do I have to apply for the Extra Help?**

Yes. ConnPACE recipients with incomes below \$14,335 (single) or \$19,245 (couple) and countable assets below \$10,000 (single) and \$20,000 (couple) are required to apply for Extra Help available to cover costs associated with Medicare Rx.

Like the Medicare prescription drug benefit itself, the Extra Help subsidy will save you money. With ConnPACE and the Extra Help together, you will pay no premiums, and as little as \$2/\$5 per prescription. It will also save money for the State of Connecticut. For this reason, ConnPACE may have asked you to complete an application for Extra Help *if* your income (according to ConnPACE records) is below the Extra Help income limit. Both Medicare and ConnPACE mailed Extra Help applications to many people during the summer of 2005. If you received an application but haven't filled it out yet, please do so right away. If you lost or discarded the Extra Help application, you can get another one from ConnPACE, Social Security or CHOICES.

### **Who do I call if I have specific questions about Medicare Rx and the ConnPACE wrap-around?**

For more information about how ConnPACE will work with the new Medicare prescription drug program contact CHOICES at 1-800-994-9422 and a trained counselor will be able to assist you. You may also request the CHOICES booklet "Medicare Prescription Drug Coverage: Information for ConnPACE Recipients".

### **Who do I call if I have specific questions about ConnPACE?**

You may call ConnPACE directly from within the state at 1-800-423-5026 or you may call the CHOICES Program from within the state at 1-800-994-9422 and a trained counselor will assist you.

### **How Do I Apply for ConnPACE?**

Call 1-800-423-5026 for an application or for more information.

*Please be aware that there may be additional changes to the ConnPACE Program in the future. For information regarding any new program changes please contact your regional Area Agency on Aging CHOICES Counselor listed at the back of this booklet.*

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## **Medicaid (Title 19)**

In 2006, you may be eligible for Medicaid if you have assets below the following amounts:

- ◆ Single Person                      \$1,600
- ◆ Married Couple                    \$2,400

You must also have income within certain limits. Income limits vary by region. If your income is too high for Medicaid, you may be able to deduct medical bills from excess income and still qualify for Medicaid. This process is called a spenddown.

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## Does Medicaid Cover Prescription Drugs?

**\*\* Important changes in coverage beginning January 1, 2006 \*\***

If you are a Medicaid recipient and are also eligible for Medicare Part A and/or B the way that you receive prescription drug coverage has changed. As a result of the *Medicare Modernization Act of 2003*, beginning January 1, 2006 full dual eligible individuals (those with both Medicare and Medicaid) now receive prescription drug coverage through the new Medicare prescription drug program, Medicare Rx not Medicaid. Medicaid recipients in most cases **MUST** be enrolled in a Medicare Rx plan in order to retain their Medicaid health insurance benefits. Most full dual eligible individuals were enrolled in a Medicare Rx plan by Medicare in the fall of 2005. Letters went out to full dual eligible individuals informing them of the change in benefits and providing the name of the prescription drug plan that Medicare selected for them. Additionally, full duals should have received ID cards and welcome packets directly from the Medicare Rx plan.

Full dual eligible individuals in CT who are enrolled in a Medicare Rx plan will continue to have a co-pay of \$0 for their medications.

**NOTE:** If you are a Medicaid recipient and live in the community, and you are **NOT** eligible for Medicare Part A and/or B, your prescription drugs will continue to be covered by the Medicaid program as usual.

For more information on Medicaid in general contact your regional DSS office, listed in the blue pages of the telephone book or in the **CHOICES** booklet, "Original Medicare and Supplemental Options."

For more information about Medicare Rx contact 1-800-Medicare or the CHOICES program at 1-800-994-9422 and a trained counselor will assist you.

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## ELIGIBILITY SCREENING TOOL

### **BenefitsCheckUpRx – Eligibility Screening Tool**

Are you in search of financial and prescription drug assistance? You may want to try BenefitsCheckup. BenefitsCheckup is a free online eligibility screening tool developed by the National Council on Aging (NCOA) to assist seniors and their caregivers in finding state and federal programs and services for which they may be eligible...

[www.benefitscheckup.org](http://www.benefitscheckup.org)

A new feature to this site is BenefitsCheckUpRx which can assist you in finding prescription drug discount programs. It takes approximately fifteen minutes to complete the online questionnaire. It does require that you provide some financial information. However, the questionnaire is anonymous and does not ask for any personal identifying information. At the conclusion of the screening you will get a report outlining programs for which you may be eligible.

You may complete the questionnaire on your own by logging onto [www.ct.gov/agingservices](http://www.ct.gov/agingservices) and clicking on “BenefitsCheckUp” or you may call the CHOICES program at 1-800-994-9422 and a CHOICES counselor will assist you.

## DRUG COMPANY PATIENT ASSISTANCE PROGRAMS

These are special programs sponsored by drug companies, sometimes called “indigent” prescription drug assistance programs, to help people who cannot afford the cost of their brand name prescription drugs. These companies have programs to give people prescription medicine free-of-charge or for a very low cost to individuals in need, regardless of age, if the eligibility criteria is met. If it is hard for you to pay for your drugs, ask your doctor if he or she can help you get assistance from the drug companies.

There are also organizations and web sites (accessible at your local library) that provide information and help you enroll in these programs (see chart on next page). These are not public benefit programs. Acceptance is entirely up to the drug company. These programs do not cover generic drugs.

### Who is Eligible?

Anyone can apply for these programs; you do not have to be an elderly person or a person with a disability. Each company sets its own requirements. Most companies require that:

- ◆ You have no insurance that covers outpatient prescription drugs,\*
- ◆ You do not qualify for a government assistance program for prescription drugs (like Medicaid) and
- ◆ Your income must be within certain income limits.

**\*Please note: If you are eligible for Medicare Rx (have Medicare parts A and/or B), then this qualifies you as “insurable”, therefore, any prescription drugs covered by your Medicare Rx plan may NOT be covered through a Patient Assistance Program.**

### How Do I Apply?

To enroll in one of these programs, you have to apply to the drug company and meet their eligibility requirements. Often, your doctor will know about these programs.

The application process for each company is different. Usually your doctor fills out and sends in the application form. Ask your doctor to find out more about the patient assistance program or refer to the chart on the next page for assistance. Health care providers can use web sites such as [www.rxassist.org](http://www.rxassist.org) to receive information on accessing patient assistance programs.

## HELP WITH ENROLLMENT IN PATIENT ASSISTANCE PROGRAMS

Always check with your doctor

NAME OF PROGRAM	CONTACT INFORMATION	QUICK FACTS
<b>NeedyMeds</b>	<a href="http://www.needymeds.com">www.needymeds.com</a>	Has a web site with up-to-date information about patient assistance programs, a list of drugs that are covered, and a list of the drug companies.
<b>PhRMA, Pharmaceutical Research and Manufacturers of America</b>	1100 Fifteenth St., N.W. Washington, DC 20005 <a href="http://www.phrma.org">www.phrma.org</a>	Produces “Directory of Prescription Drug Patient Assistance Programs” which lists drug company programs that provide drugs to physicians whose patients could not otherwise afford them. Directory includes information about how to make a request for assistance, what prescriptions are covered, and basic eligibility criteria.
<b>The Medicine Program</b>	P.O. 1089 Poplar Bluff, MO 63902 1-573-778-0333 e-mail: <a href="mailto:help@themedicineprogram.com">help@themedicineprogram.com</a> <a href="http://www.themedicineprogram.com">www.themedicineprogram.com</a>	Helps people apply for enrollment in one or more of the many patient assistance programs now available. If you are approved and enrolled, medication is sent to your doctor and he dispenses it to you. There is a \$5 processing fee for each medication requested.

## **DISCOUNT PRESCRIPTION PROGRAMS**

Discount prescription drug programs may offer savings on the cost of prescription drugs through local pharmacies or through mail order or even both. The amount of money that you will save depends on the program you choose and the prescriptions you take.

In most cases, you are not required to purchase insurance (such as supplemental insurance) in order to benefit from these discount programs. Supplemental insurance companies may offer a discount prescription drug program only to their policyholders. Discount prescription programs are not insurance programs and are not part of the Medigap policy.



### **DISCOUNT LOCAL PHARMACY PRESCRIPTION SERVICES**

Some prescription drug services offer savings on prescriptions through local pharmacies. One place to start is to ask your pharmacist what plans they participate in and what they would recommend for you.

#### **What Are Some Questions I Should Ask Before Joining?**

- How does the program work?
- Are there eligibility requirements? If so, what are they?
- What pharmacies participate in this plan? (Determine whether there is one conveniently located near you)
- Do you cover both generic and brand name drugs?
- Are my prescriptions on your list of drugs? What drugs are covered?
- How much will it cost me for my prescriptions?
- How much money will I save?
- Is there a membership fee? (single/couple)
- Is there a processing fee, application fee, or enrollment fee?
- Do I receive a discount pharmacy card?
- How do I use my card?
- Is there a mail order option?
- I live part of the time in another state. Can I use a pharmacy in another state?
- Who will be covered? (family/individual)
- How do I sign up?



## **DISCOUNT MAIL ORDER PRESCRIPTION SERVICES**

Another option you have in obtaining your prescription drugs is through a mail order prescription drug service. Your prescription is delivered to you by mail. Not all drugs are covered. Not all services provide the same savings. Some of these programs are based in Connecticut; many are based in other states. There are many programs listed on the Internet. Some web sites will let you search for your drug and find out the price they will charge you. Once you join a mail order prescription service, either you or your doctor can send the company the prescription and your drugs will be delivered to you at home. You pay a discounted price for the drugs as well as the shipping charge.

### **What Are Some Questions I Should Ask Before Joining?**

#### **The Mail Order Pharmacy**

- How does the program work?
- Does a registered pharmacist own the pharmacy?
- Are you a licensed pharmacy?
- Do I have access to a pharmacist for consultation?
- Do you provide information on the drug when you send it?
- Do you provide drug interaction screening/information?
- How long have you been in business?
- Is there a local pharmacy option?
- How do I sign-up for this service?
- What are your business hours?

#### **Your Prescriptions**

- Do you cover both generic and brand name drugs?
- Are my prescriptions on your list of drugs? What drugs are covered?
- Who will be covered? (family/ individual)
- Do I need a prescription from my doctor?
- How do I get my prescription to you? (mail, phone, fax)
- How do I order my prescription?



## **Additional Questions to Ask Before Joining**

### **Your Cost**

- How much will it cost me for my prescriptions?
- How do I pay for my prescriptions? Can I be billed for my order?
- How much will I save?
- Is there a membership fee? (single/couple)
- Is there a processing fee, application fee, or enrollment fee?
- How much will my shipping charges be?
- Your order
- What if my order is out of stock?
- How is my order shipped?
- When can I expect delivery of my order?
- Will I receive a 30-day, 60-day, or 90-day supply? Do I have this option? Is one way cheaper than another?
- I live part of the time in another state. Can I have my medication shipped there?

### **Refills**

- Will you remind me when it is time for a refill?
- How far in advance can I request a refill?

### **Urgent Situations**

- What if there is an emergency and I need the prescription right away? How would I get my prescription?
- What if I run out of medication? How fast can you get it to me and how much will that cost?

### **Signing Up**

- How do I sign up?
- Are there eligibility requirements? If so, what are they?

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
<b>AARP Member Choice Program</b>	1-800-456-2277 TTY: 1-877-231-1510 Spanish: 1-800-231-1510 <a href="http://www.aarppharmacy.com">www.aarppharmacy.com</a>	Pharmacy & Mail Order	AARP members.	\$12.50 for 1 year; \$21.00 for 2 years; \$29.50 for 3 years.	♦ A list of participating pharmacies in your area is provided once you become a member
<b>CareMark (formerly AdvancePCS)</b>	1-800-238-2623 <a href="http://www.caremark.com">www.caremark.com</a> <a href="http://www.advancerx.com">www.advancerx.com</a> <a href="http://www.rxsavingsplan.com">www.rxsavingsplan.com</a>	Pharmacy & Mail Order	No requirements; program intended for individuals that have no other prescription drug coverage	No enrollment or annual fee	♦ Also provides discounts on medical supplies for some diabetic supplies (i.e., strips, lancets, monitors)
<b>Citizens Health Prescription Drug Discount Plan</b>	1-800-563-5479 <a href="http://www.citizensenergy.com">www.citizensenergy.com</a>	Pharmacy & Mail Order	Available to all persons.	\$12/annually for individuals; \$28/annually for families of 3 or more	♦ All prescription drugs are discounted.
<b>CVS Health Savings Pass Plan</b>	1-888-616-CARE (2273) <a href="http://www.cvshealthpass.com">www.cvshealthpass.com</a>	CVS Pharmacies only - mail order also available 1-888-607-4287	Available to all persons age 50 years and older.	\$69.95/annually-single; \$99.95/annually-couple.	♦ Discounts also available on other health products/services

**\*This is a sample list of thirteen discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.**

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

<b>Lilly Answers</b>	1-877-795-4559 <a href="http://www.lillyanswers.com">www.lillyanswers.com</a>	Pharmacy	Must be US citizen, a senior or someone with a disability, Medicare enrollee; have annual income below \$18,000 year if single or below \$24,000/year for couple AND have no other brandname Rx coverage	No enrollment fee  \$12 per prescription for 30 day supply	◆ Applies to most Eli Lilly prescriptions
<b>The Orange Card</b>	1-888-825-5249 <a href="http://www.gsk.com">www.gsk.com</a>	Pharmacy	Must be a senior or someone with a disability, Medicare enrollee; have annual income below \$30,000 year if single or below \$40,000/year for couple AND have no other Rx coverage	No enrollment fee	◆ Discounts on GlaxoSmithKline prescriptions
<b>Peoples Prescription Plan</b>	1-877-432-7809 <a href="http://www.peoplesrxcard.com">www.peoplesrxcard.com</a>	Pharmacy & Mail Order	Available to all persons.	\$71.40/annually per household; \$5.95 per month	◆ All prescription drugs except: anti-wrinkle agents, growth hormones, immunization agents, blood or plasma, Levonorgestrel & Minoxidil

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## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

PROGRAM	CONTACT INFORMATION	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
<b>Pequot Pharmaceutical Network</b>	1-800-219-1226 1-800-342-5779 (Price quotes) <a href="http://www.prxn.com">www.prxn.com</a>	Mail Order	Must be a senior or have a disability, Medicare enrollee; must not have other Rx coverage or have exhausted all other Rx coverage.	No monthly premium or fee	◆ Other plans available
<b>Prescription Benefits, Inc.</b>	1-800-334-8134 <a href="http://www.rxbenefits.com">www.rxbenefits.com</a>	Pharmacy	Available to all who have no other drug card or use a pharmacy that offers a 10% discount	\$48/annually for individuals; \$60/annually for household	◆ All drugs administered by a pharmacist are covered

**\*This is a sample list of thirteen discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.**

## SAMPLE DISCOUNT PHARMACY & MAIL ORDER PRESCRIPTION SERVICES\*

PROGRAM	CONTACT INFO	MAIL ORDER OR PHARMACY	WHO QUALIFIES	COST	OTHER FACTS
<b>SaveWell</b>	1-877-728-3935 <a href="http://www.savewell.com">www.savewell.com</a>	Pharmacy & Mail Order	Available to persons 18 or older without prescription drug coverage	\$84/annually per household of up-to 10 people	Discounts on brand name and generic drugs and other health care products such as vision care and dental products
<b>YOURx PLAN</b>	1-800-758-3605 <a href="http://www.yourrxplan.com">www.yourrxplan.com</a>	Pharmacy & Mail Order – person must use participating Medco pharmacies.	Must be 18 years or older. May enroll family members claimed on federal income tax.	Annual fee: \$25 per person; \$40 per family.	You can enroll a domestic partner as an additional family member. 90 day money back guarantee from date of enrollment.

**\*This is a sample list of thirteen discount pharmacy and mail order prescription services, not an endorsement of any particular plan(s). You are not required to join a particular Medigap policy in order to join any of these services. Sample discount drug plans chosen for this booklet are those backed by licensed pharmacies or major drug companies. Other prescription services may be found on the Internet and through other sources.**

## PURCHASING PRESCRIPTION DRUGS THROUGH THE INTERNET

### Is purchasing medication over the Internet safe?

There are online pharmacies that provide legitimate prescription services, but there are also questionable sites that make purchasing medicines online risky. Some of the do's and don'ts provided by the U.S. Food and Drug Administration (FDA) about how to purchase medicines online safely and securely include:

#### **DO:**

Ensure that you are dealing with a legitimate pharmacy. Buy only from sites that require prescriptions from your physician and that also verify each prescription before dispensing the medicine. Use sites that provide convenient access to a licensed pharmacist who can answer your questions. Make sure that the site is a licensed pharmacy. You can do this by checking with your state board of pharmacy or with the National Association of Boards of Pharmacy (NABP) at [www.nabp.net](http://www.nabp.net) or calling 847-391-4406.

Safeguard your privacy and security by checking for easy-to-find policies.

Use common sense.

For more detailed consumer tips and warnings on purchasing prescription drugs via the internet you can log onto the FDA's website at [www.fda.gov/oc/buyonline](http://www.fda.gov/oc/buyonline)

#### **DON'T:**

Buy online from sites that offer to prescribe medicine for the first time without a physical exam by your doctor or that sell a prescription medicine without a prescription.

Buy from sites that sell medicines not approved by FDA.

Provide any personally identifiable identification (SSN, credit card, health history) unless you are confident the site will protect it and will not share it with others without your permission.



## **PURCHASING PRESCRIPTION DRUGS FROM CANADA**

### **Is it safe and legal to buy prescription drugs from Canada?**

The FDA has long allowed people to import a 90-day personal supply of drugs not available in this country, but warned of possible dangers. Although the FDA says that technically importing other drugs violates federal laws, it appears the FDA is not currently enforcing such laws. The agency continues to warn buyers to beware. Although drug re-importation laws have recently passed in both the House and the Senate, the laws have yet to be implemented.

Prescription drugs in Canada cost substantially less than in the U.S. because the national health-care system forces drug companies to discount their prices. Some drugs may have different names since these are brand names registered by the manufacturer. They have the same active ingredients, but may look different and have a different trade name.

For more information on this subject, please refer to The Canadian Council of Better Business Bureaus at the following address:

2 St. Claire Avenue East  
Suite 800  
Toronto, Ontario  
M4T 2TS  
CANADA

Or at their Website: [www.canadiancouncilbbb.ca/prescription.html](http://www.canadiancouncilbbb.ca/prescription.html)

For additional information on importing drugs for Canada or any other country you may also log onto [www.fda.gov/importeddrugs](http://www.fda.gov/importeddrugs)

## OTHER RESOURCES

### **Veterans Benefits**

Outpatient pharmacy services are provided free to veterans receiving medications for treatment of service-connected conditions. Other veterans may be charged \$7 for each 30-day supply. In order to receive these benefits, you must fill out an application to enroll in the VA health care system. An application may be obtained by calling 1-877-222-8387 or your local VA facility. You must see a doctor at the VA before the prescription will be filled; a prescription from a non-VA doctor will not be accepted.

For general information about VA pharmacy services, contact the Veterans Administration at 1-800-827-1000, the Newington VA at (860) 666-6951, the West Haven VA at (203) 932-5711 or your local outpatient clinics and ask for the Eligibility Department.

### **Military Retiree Benefits**

Retired military person under the age of 65 (i.e., Coast Guard, other uniformed services) and/or their dependents are entitled to prescription drug coverage as a part of their benefits. For more information, contact your local military installation or your specific Department of Defense (DoD) or Coast Guard retirement division.

### **TRICARE Senior Pharmacy Program**

TRICARE Senior Pharmacy Program provides prescription drug coverage for retired military personnel over the age of 65, including those retired from the Coast Guard and Reserves and all Medicare eligible family members/dependents. You must be retired from the military, and you must meet other eligibility requirements.

Prescriptions are free if filled at Military Treatment Facilities (MTFs) and there is a \$3-\$9 co-pay if purchased from a TRICARE Network Pharmacy. For more information contact the TRICARE Senior Pharmacy at 1-877-DOD-MEDS.

### **Community Health Centers**

Community Health Centers provide medical services to people on a sliding fee scale. The centers do not have a pharmacy; however, they may have samples of prescription medication available for patients. Some centers may also be able to help patients access prescription drugs at discount prices. For information on the location of your local Community Health Center, please dial 211 for Infoline.



*Find **CHOICES** about your  
Health Insurance concerns at ...*

## **Your Regional Area Agency on Aging**

Each of Connecticut's regional Area Agencies on Aging are staffed with a **CHOICES** Program Coordinator and informational assistants who have received special training in health insurance matters such as Medicare, Medicaid, Medicare Supplement Insurance (Medigap), Medicare Advantage, Long Term Care Insurance and other related state and federal programs. Trained volunteers are also available to meet with seniors and other Medicare beneficiaries at sites throughout Connecticut. Call your Area Agency on Aging for free written information or advice, or referral to a counselor for further assistance. *Counselors do not sell insurance. They provide the information and assistance necessary for consumers to understand their rights, receive benefits to which they are entitled, and make informed **CHOICES** about health insurance and other aging concerns.*

Connecticut's Area Agencies on Aging (AAAs) are private, nonprofit organizations that serve the needs of older persons as a focal point and resource center for information, program development and advocacy.

**Senior Resources/Eastern CT AAA**

4 Broadway, 3<sup>rd</sup> Floor  
Norwich, CT 06360; 860-887-3561  
[www.seniorresourcesec.org](http://www.seniorresourcesec.org)

**North Central Area Agency on Aging**

Two Hartford Square West, Suite 101  
Hartford, CT 06106; 860-724-6443  
[www.ncaaact.org](http://www.ncaaact.org)

**Agency on Aging of South Central CT**

One Long Wharf Drive  
New Haven, CT 06511; 203-785-8533  
[www.agencyonaging-scc.org](http://www.agencyonaging-scc.org)

**Western CT Area Agency on Aging**

84 Progress Lane  
Waterbury, CT 06705; 203-757-5449  
[www.wcaaa.org](http://www.wcaaa.org)

**Southwestern CT Area Agency on Aging**

10 Middle Street  
Bridgeport, CT 06604; 203-333-9288  
[www.swcaa.org](http://www.swcaa.org)

Or Call them toll-free through the  
**CHOICES Health Insurance Hotline**  
**1-800-994-9422 (in-state only)**

## CHOICES Health Insurance Assistance Program

CHOICES is coordinated by the Aging Services Division of the CT Department of Social Services and operated through CT's five Area Agencies on Aging. Specifically, the acronym "CHOICES" represents **C**onnecticut's program for **H**ealth insurance assistance, **O**utreach, **I**nformation and referral, **C**ounseling, and **E**ligibility **S**creening. The purpose of this is to enable older persons to understand and exercise their rights, receive benefits to which they are entitled, and make informed choices about quality of life issues. For more information, including publications such as "Original Medicare and Supplemental Options" and "Medicare Advantage (Managed Care) in CT", please go to [www.ct.gov/agingervices](http://www.ct.gov/agingervices).

CHOICES has been designated as the official State Health Insurance Program (SHIP) for the State of Connecticut. It is funded in large part by the Centers for Medicare and Medicaid Services (CMS) of the U. S. Dept. of Health and Human Services, which administers the Medicare program for the federal government. CMS publishes a number of booklets and pamphlets on specific parts of the Medicare program. You can request these publications by calling the Medicare Hotline at **1-800-638-6833**. You can also see or print them from the Internet at: [www.medicare.gov](http://www.medicare.gov).

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### **The Center for Medicare Advocacy, Inc.**

**P. O. Box 350, Willimantic, Connecticut 06226**

**860-456-7790 or 1-800-262-4414**

The Center for Medicare Advocacy is staffed by attorneys, nurses, paralegals, and technical assistants and provides legal advice, self-help materials, and representation to elders and people with disabilities who are unfairly denied Medicare coverage. The Center's advice, written materials, and legal assistance are free to residents of Connecticut.

The Center also produces a wide array of self-help packets, booklets, and brochures. These materials are free to all residents of Connecticut as a part of the State's comprehensive Medicare Information, Education, and Representation program.

The Center's staff members serve as consultants and trainers for groups that are interested in learning about Medicare coverage and appeals. The Center also responds to approximately 6,000 calls each year on its Connecticut toll-free line and provides legal support and training for CT's CHOICES program. In addition, the organization is involved in policy development, education, and litigation activities of importance to Medicare beneficiaries nationwide and has an office in Washington, DC.

The Center is an integral member of the CHOICES team, funded in large part by a grant from the State of Connecticut, Department of Social Services. For up-to-date Medicare information and advocacy tips, visit the Center's website: [www.medicareadvocacy.org](http://www.medicareadvocacy.org)

# **Medicine Record Form**

Write down the name of each medicine you take, the reason you take it, and the dosage in the spaces below. Add new medicines as you receive them. You can show the list to your doctors. You may want to make copies of the blank form so you can create a new list when your medications change.

## **Prescription Medications**

**Date Form Was Completed:** \_\_\_\_\_

<b>Name of Prescription</b>	<b>Reason taken</b>	<b>Date Started</b>	<b>Dosage</b>	<b>Time(s) of Day</b>	<b>Doctor</b>

## **Over-the-Counter Medicines**

(Check here if you use any of these)

- ☐ Allergy relief medicine
- ☐ Antacids
- ☐ Aspirin
- ☐ Cold/Cough Medicine

- ☐ Diet Pills
- ☐ Laxatives
- ☐ Vitamins
- ☐ Other \_\_\_\_\_